SEC Mail Processing Section JUL 16 2000

FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

ORM D 1424554

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076 Expires: July 31, 2008 Estimated average burden
hours per response: 16.00

SEC USE ONLY						
Prefix Serial						
	DATE	RECEIVED				

Name of Offering (☐ check if this is an amendment	and name has changed, and indicate change.)	
Pictet: Non-US Equity Offshore L.P.: Limited		
Filing Under (Check box(es) that apply): Rule		Section 4(6) ULOE
Type of Filing: New Filing Amendmen	t	
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer		I JARUH RAMA JUH RAMA BUKU ANTA AMBA JURA AMM BAM YARK
Name of Issuer (☐ check if this is an amendment	and name has changed, and indicate change.)	- 1411 (1001 141 1001 141 1001 141 1 1001 141 14
Pictet: Non-US Equity Offshore L.P.		+ 14 E (1)
	har and Street City State 7in Code)	08056350 0
•	20. mil 2, 2), 2,p 22)	.)
c/o GSAM (GMS Cayman GP) Ltd., One Nev		(212) 902-1000
	mber and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	PDO	F 0.0
	PROU	ESSED
Brief Description of Business		
To operate as a private investment fund.	JU 2	2 2008 A
		2 2000 PC
Type of Business Organization	THOMSON	I DELITERA
Corporation	limited partnership, already formed	RELITERS please specify):
□ business trust □	limited partnership, to be formed	Exempted Limited Partnership
	• • • • • • • • • • • • • • • • • • • •	•
	Month Year	
Actual or Estimated Date of Incorporation or Organ	ization: 0 9 0 7	☑ Actual ☐ Estimated
rectal of Estimated Date of Incorporation of Organ		_ Dominated
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbreviation	on for
	State: CN for Canada; FN for other foreign juris	diction) F N
CENTER AT INCOMPLEMENT		
GENERAL INSTRUCTIONS		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIF	ICATION DATA								
2. Enter the information requested for the following:									
* Each promoter of the issuer, if the issuer has been organized within the past five years;									
* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;									
* Each executive officer and director of corporate issuers and of corp	porate general and managing partners of p	artnership issuers; and							
* Each general and managing partner of partnership issuers.									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer ☐ Director	☑ General and/or Managing Partner							
Full Name (Last name first, if individual)									
GSAM (GMS Cayman GP) Ltd. (the Issuer's General Partner)									
Business or Residence Address (Number and Street, City, State, Zip Code									
c/o Walkers SPV Limited, Walker House, PO Box 908GT, Mary Street,									
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner	☐ Executive Officer ☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if individual)		<u> </u>							
Smartnet Resources Ltd.		·							
Business or Residence Address (Number and Street, City, State, Zip Code	e)								
Palm Grove House, Road Town, Tortola, VG									
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner	☐ Executive Officer ☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if individual)									
Blue Moon Fund, Inc.									
Business or Residence Address (Number and Street, City, State, Zip Code)								
222 W. South Street, Charlottesville, VA 22902									
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner	☐ Executive Officer ☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if individual)									
Minera S.A.									
Business or Residence Address (Number and Street, City, State, Zip Code)								
Edificio P.H., Plz 2000, Piso 16, Calle 50, Panama City, Panama									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☑ Executive Officer* ☐ Director *of the Issuer's General Partner	☐ General and/or Managing Partner							
Full Name (Last name first, if individual)									
Asali, Omar M.									
Business or Residence Address (Number and Street, City, State, Zip Code)								
c/o GSAM (GMS Cayman GP) Ltd., One New York Plaza, New York, N	ew York 10004								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☑ Executive Officer* ☐ Director *of the Issuer's General Partner	☐ General and/or Managing Partner							
Full Name (Last name first, if individual)									
Barbetta, Jennifer									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o GSAM (GMS Cayman GP) Ltd., One New York Plaza, New York, N		** ***							
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☑ Executive Officer* ☐ Director *of the Issuer's General Partner	☐ General and/or Managing Partner							

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o GSAM (GMS Cayman GP) Ltd., One New York Plaza, New York, New York 10004

Gottlieb, Jason

			A. BASIC IDEN	NTIFICATION DATA					
2.	2. Enter the information requested for the following:								
	* Each promoter	of the issuer, if the iss	uer has been organized	within the past five years;					
	* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;								
	* Each executive	officer and director of	corporate issuers and	of corporate general and managi	ng partners of pa	artnership issuers; and			
	* Each general a	nd managing partner o	f partnership issuers.						
Chec	k Box(es) that Appl	y:	☐ Beneficial Owne	er ☑ Executive Officer* *of the Issuer's General	☐ Director Partner	☐ General and/or Managing Partner			
Full	Name (Last name fir	st, if individual)							
	Peter								
	ness or Residence A	•	Street, City, State, Zip	,					
	k Box(es) that Appl		w York Plaza, New Yo Beneficial Owne		☐ Director	☐ General and/or			
				*of the Issuer's General	Partner	Managing Partner			
	Name (Last name fir	st, if individual)							
	, Hugh M.	12 Ot 1	Secret C'r. Secret 7'			<u> </u>			
	ness or Residence A SAM (GMS Cavm	,	Street, City, State, Zip w York Plaza, New Yo						
	k Box(es) that Appl		☐ Beneficial Owne		☐ Director	☐ General and/or Managing Partner			
Full	Name (Last name fir	st, if individual)				-			
Busin	ness or Residence A	ddress (Number and	Street, City, State, Zip	Code)		4 - 241 540 - PL, TRA - TRA - TRA - PL - TRA			
Chec	k Box(es) that Appl	y: D Promoter	☐ Beneficial Owne	Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full	Name (Last name fir	st, if individual)							
Busin	ness or Residence A	ddress (Number and	Street, City, State, Zip	Code)					
Chec	k Box(es) that Appl	y: Promoter	☐ Beneficial Owne	r	☐ Director	☐ General and/or Managing Partner			
Full	Name (Last name fir	st, if individual)	•	•					
Busin	ness or Residence A	ddress (Number and	Street, City, State, Zip	Code)					
Chec	k Box(es) that Appl	y: Promoter	☐ Beneficial Owne	r	☐ Director	☐ General and/or Managing Partner			
Full	Name (Last name fir	st, if individual)							
Busii	ness or Residence A	ddress (Number and	Street, City, State, Zip	Code)					
Chec	k Box(es) that Apply	y:	☐ Beneficial Owne	r	☐ Director	☐ General and/or Managing Partner			
Full	Name (Last name fir	st, if individual)							

Business or Residence Address (Number and Street, City, State, Zip Code)

		 		R IN	FORMAT	CION ABO	OUT OFF	ERING				
				D. 111	roidiai	HON ABO	JOT OFF	BRITTO			Yes	No
1.e Has t	he issuer sol	d, or does tl			to non-accr			_		••••••		Ø
What is the minimum investment that will be accepted from any individual? *General Partner, may accept subscriptions below the minimum, provided no subscriptions shall be less than U.S. \$50,000 (or an amount specified by Cayman Islands Law).								\$	00,000*			
3. Does	the offering	permit join	t ownership	of a single	unit?						Yes ☑	No
comn If a p or sta	the information or single the testing to be leading to the states, list the state or dealer	milar remun isted is an a name of the	eration for a associated po broker or d	solicitation erson or age ealer. If m	of purchase ent of a brol ore than fiv	ers in conne ker or deale e (5) person	ction with s registered is to be liste	sales of secu with the SE	rities in the C and/or w	offering.		
Full Nam	ie (Last name	e first, if inc	lividual)									
	n, Sachs & C		sold throu	ah Coldmi	in Soche &	. Co. no co	mmissions	will be not	l directly c	er indirectly	v for solio	iting any
purchase	er in any jur	isdiction.		_				will be paid	i, directly c	ir mairecti;	y, for some.	iting any
Business	or Residenc	e Address (1	Number and	Street, Cit	y, State, Zip	Code)						
85 Broad	l Street, Nev	v York, Ne	w York 100	004								
Name of	Associated E	Broker or D	ealer									<u> </u>
	Which Perso							• (• • (• •) • • • • • • • • • • • •			🗹 A	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC] e (Last name	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
i un ivani	c (Last Hallic	z mst, n mu	iividdai)									
Business	or Residence	e Address (1	Number and	Street, Cit	y, State, Zip	Code)			, ₂			
Name of .	Associated E	Broker or De	ealer								·	
	Which Perso						· · · · · · · · · · · · · · · · · · ·				<u>-</u>	
[AL]	"All States"						EDE)		CITE 3			II States
[]L]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	(FL) [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)
Full Nam	e (Last name	first, if ind	ividual)									
Business	or Residence	e Address (?	Number and	Street, City	y, State, Zip	Code)						****
Name of	Associated B	Broker or De	ealer									
	Which Perso						*************					l All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	ITNI	[TX]	futi	[VT]	[VA]	[WA]	rwv1	rwn	(WY)	rppi

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregate Offering Price			Amount Already Sold
	Debt	\$_	0	. 1	· _	0
	Equity (Shares)	\$	0	. \$. _	0
	☐ Common ☐ Preferred			-		
	Convertible Securities (including warrants)	\$_	0	. \$	<i>_</i>	0
	Partnership Interests	\$_	7,367,800	\$	<u> </u>	7,367,800
	Other (Specify:)	\$	0	\$	<u> </u>	0
	Total	\$	7,367,800		<u> </u>	
	Answer also in Appendix, Column 3, if filing under ULOE.	-		•		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					Aggregate
			Number Investors			Dollar Amount of Purchases
	Accredited Investors		8	\$	3	7,367,800
	Non-accredited Investors	_	0	•	· —	0
	Total (for filings under Rule 504 only)	_	N/A			N/A
	Answer also in Appendix, Column 4, if filing under ULOE.	_	7.07.1	. *	_	1112
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		<i>T</i> 6			D.H.
	Type of offering		Type of Security			Dollar Amount Sold
	Rule 505		N/A	\$		N/A
	Regulation A		N/A	\$; —	N/A
	Rule 504		N/A	\$; —	N/A
	Total		N/A	\$:	N/A
tł tł	.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees			\$	·	. 0
	Printing and Engraving Costs			\$		0
	Legal Fees		\mathbf{Z}	\$		20,398
	Accounting Fees			\$. 0
	Engineering Fees.			\$:	0
	Sales Commissions (specify finders' fees separately)			\$	_	0
	Other Expenses (identify)			\$	_	0
	Total		Ø	\$	_	20,398
					_	*

	C. OFFERING PRICE, N	NUMBER OF INVESTORS, EXP	ENS	ES A	ND USE OF PE	ROCE	EDS		
ت	b. Enter the difference between the aggreg - Question 1 and total expenses furnished difference is the "adjusted gross proceeds to	in response to Part C - Question 4.a	. Th	is		\$ _		7,347,402	
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.									
				Payments To Others					
	Salaries and Fees	·····		s _	0		\$_	0	
	Purchase of real estate			\$_	0		\$_	0	
	Purchase, rental or leasing and installation of	of machinery and equipment		\$_	0		\$_	0	
	Construction or leasing of plant buildings an	nd facilities		\$_	0		\$_	0	
	Acquisition of other businesses (including this offering that may be used in exchan another issuer pursuant to a merger)	ge for the assets or securities of		\$	0		\$	0	
	Repayment of indebtedness			s –	0	_	s –	0	
	Working capital			s –			\$ _	0	
	Other (specify): Investment Capital		_	s –	0	_ ☑	\$ _	7,347,402	
	Column Totals			\$	0	፟	\$	7,347,402	
	Total Payments Listed (column totals added				☑ \$ <u> </u>	7,34	17,402	2	
		D. FEDERAL SIGNATUI	RE		<u> </u>				
fo	The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.								
	er (Print or Type) et: Non-US Equity Offshore L.P.	Signature) and I have	7		Date July , 2008				
Nan	ne of Signer (Print or Type)	Title of Signer (Print or Type)							
Dav	avid Kraut Assistant Secretary of the Issuer's General Partner								

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

